

APPLICATION FOR CHANGE OF NAME

(To be submitted within 30 days **before** the effective date of name change)

To: Director
 Division of Private Occupational Schools
 Department of Higher Education
 1560 Broadway, Suite 1600
 Denver, CO 80202

State Use Only

Ck# _____
 Date _____
 Amount \$ _____
 Bond # _____

Action

Approved _____
 Denied _____
 Date _____

Former School Name

New Name: _____

School Address: _____

Phone: _____ Fax: _____

Web site: _____

E-mail: _____

Effective date of change: _____

Reason for change: _____

I certify that the information herein and attached hereto is correct:

 Name of Owner/Chief Executive Officer

 Title

 Signature

 Date

Attachments to this application:

- _____ 1. \$250 processing fee
- _____ 2. Using the **new name**:
 Drafts of ___ School Catalog;
 ___ Enrollment Agreement;
 ___ Current Advertising
- _____ 3. Using the **new name**:
 Copy of ___ Bond;
 ___ Lease;
 ___ Articles of Incorporation